

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K90497 (4)**
1. Corporation Name
HAWKEYE ROOFING, INC.



Principal Place of Business: **1902 ELSA STREET NAPLES FL 33942 US**
Mailing Address: **P.O. BOX 42033 NAPLES FL 33942**

2. Principal Place of Business: [21] [22] [23] [24]
2a. Mailing Address: [26] **P.O. Box 420033** [27] [28] **Naples, Florida** [29] **33942** [30] **USA**
3. Date Incorporated or Qualified: **05/24/1989** 3a. Date of Last Report: **04/27/1995**
4. FET Number: **65-0123187** Applied For: [] Not Applicable: []
5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent: **CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET SUITE 1 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: [81] Name: **Henry Paul Johnson, Esquire** [82] Street Address (P.O. Box Number is Not Acceptable): **Law Offices of Henry Paul Johnson, P.A.** [83] **6736 Lone Oak Boulevard** [84] City: **Naples** FL [85] Zip Code: **33942**

11. Pursuant to the provisions of Sections 607.030 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Henry Paul Johnson* (Date: **2-12-96**)
Signature of Registered Agent (Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	<input type="checkbox"/> DELETE	1.1 TITLE: [] Change [] Addition	
NAME: JENNESS, LEROY A		1.2 NAME:	
STREET ADDRESS: 1902 ELSA ST.		1.3 STREET ADDRESS:	
CITY- ST- ZIP: NAPLES FL 33942		1.4 CITY- ST- ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: [] Change [] Addition	
NAME: REYES, EDMUNDO		2.2 NAME:	
STREET ADDRESS: 1902 ELSA ST.		2.3 STREET ADDRESS:	
CITY- ST- ZIP: NAPLES FL		2.4 CITY- ST- ZIP:	
TITLE: V	<input type="checkbox"/> DELETE	3.1 TITLE: [] Change [] Addition	
NAME: OLVERA, FIDEL		3.2 NAME:	
STREET ADDRESS: 1902 ELSA ST.		3.3 STREET ADDRESS:	
CITY- ST- ZIP: NAPLES FL		3.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: [] Change [] Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: [] Change [] Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: [] Change [] Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		6.4 CITY- ST- ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Darryl Dennis* (Date: _____) Daytime Phone # _____
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)